

# Assess Your Situation

## I. Please check all that apply:

- I do not have assets to leave to others.
- I do not care to make arrangements and will just see what happens
- This is too complicated for me to understand
- I (or my spouse) served in the military and was honorably discharged and/or retired and the Department of Veterans Affairs (VA) will pay for my long term services and supports. I have checked with the VA to make sure.
- I have arranged for my care already.
- I have set money aside for my old age
- I have asked family to help. They will take care of this for me.
- I would like to arrange for my children or others to care for me.
- I bought a long-term care insurance plan and have no questions.
- I bought a long-term care insurance plan and have questions.
- I would like help deciding whether to buy long-term care insurance and/or would like help buying one.
- I have no plan but would like to make one.
- I do not mind if the state takes care of my estate and me.
- I do not want the state to take over my estate.
- I would like help setting aside finances for my long term support and service needs
- I need long term supports and services right now
- Other Questions? \_\_\_\_\_  
\_\_\_\_\_

## II. If I need help with activities of daily living (ADLs):

I have children, relatives, or friends who will help me part or full time. They are:

\_\_\_\_\_ who lives in \_\_\_\_\_

\_\_\_\_\_ who lives in \_\_\_\_\_

\_\_\_\_\_ who lives in \_\_\_\_\_

*Note: if you making plans for your children, other relative(s) or a friend to help you; include them in your planning process.*

*I can afford to pay the people I named above for my care, or they can afford to take care of me.*

Yes  No

I can afford to hire a home care worker to help me with my activities of daily living.

Yes  No

### Activities of Daily Living (ADLs)

- ✓ Eating
- ✓ Bathing
- ✓ Dressing
- ✓ Toileting
- ✓ Transferring (getting in/out of bed/chair)
- ✓ Contenance (bladder/bowel control)

## III. Where I want to live if I need long term services and supports:

I want to choose where I live when I am unable to take care of myself:

Yes  No

I would like to live:

In my home

In an adult family home \_\_\_\_\_

In an assisted living \_\_\_\_\_

In a nursing facility \_\_\_\_\_

OR

Name of person I want to live with: \_\_\_\_\_

\_\_\_\_\_

### Places to receive long term services & supports:

*There are many places to receive care, including at home, in an assisted living facility, adult family home, or nursing home.*

#### IV. Family Illness History:

If a certain disease or illness runs in your family, you may be at greater risk. You may want to keep this in mind when planning for long term services and supports. Use the chart below to record your family illness history:

Illness	Parent	Sibling	Grandparent
<input type="checkbox"/> Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Incontinence (of Bowel or Bladder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Memory Loss (or Dementia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychiatric Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## V. My Finances:

A. **My Income** (Social Security, wages, retirement, benefits, etc.) is:

- a. NOW: \$ \_\_\_\_\_/month.
- b. WHEN I RETIRE, approximately: \$ \_\_\_\_\_/month.

B. **My Assets** (money in the bank, savings, investments, etc. are approximately:

- a. NOW: \$ \_\_\_\_\_.
- b. WHEN I RETIRE, my assets will be worth approximately:  
\$ \_\_\_\_\_.

C. I own a **Home or Property** worth:

- a. NOW: \$ \_\_\_\_\_.
- b. WHEN I RETIRE, my home or property will be worth approximately:  
\$ \_\_\_\_\_.

D. I own **Rental Property** worth:

- a. NOW: \$ \_\_\_\_\_.
- b. WHEN I RETIRE, my rental property will be worth approximately:  
\$ \_\_\_\_\_.

E. I own a **Car or Other Vehicle** worth:

- a. NOW: \$ \_\_\_\_\_.
- b. WHEN I RETIRE, my car will be worth approximately: \$ \_\_\_\_\_.